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**NEDERLAND**  
**LIFE INSURANCE COMPANY,**  
**(Limited).**

**INSTRUCTIONS**

TO

**MEDICAL EXAMINERS**

OF THE

**UNITED STATES BRANCH.**

**Principal Office:**

**874 BROADWAY, NEW YORK.**



## NOTICE.

If for any reason whatsoever the Medical Examiner intends to report unfavorably upon an applicant, he will please communicate directly with the Medical Director, at 874 Broadway, before sending his report, and without stating his intention to either the agent or the applicant. This communication will be regarded as confidential.

Otherwise the Medical Examiner will send his report promptly and directly, under seal, to the office of the General Agent for the State or District in which he is an examiner, *according to special instructions upon this point which will accompany his letter of appointment.*

*It is especially requested of the Medical Examiner that communications be directed to 874 Broadway, New York City, and not merely to New York City, as by this latter address they are sent to the Medical Director's house, thereby causing delay and inconvenience.*

Fees for medical examinations will be forwarded promptly at the end of each month.

In all cities or towns where the Company has two or more Medical Examiners, examinations must be made by the appointee who is not the personal or family medical attendant of the appli-

cant. The embarrassment attendant upon the rejection of a private patient is thus avoided, and the medical examiner enabled to express an opinion without bias as to the desirability of the risk. In small towns where the Company has only one examiner this rule will not be enforced, although even there it would be desirable for the above reasons that the examiner should select some other physician to make this particular examination.

The Medical Director will be materially assisted in reaching his conclusions if the Medical Examiner will kindly communicate to him, from time to time, any particulars of moment in regard to the prevalence of epidemics, peculiarities of climate, or local sanitary conditions which may come under his notice in his district.

## INSTRUCTIONS TO MEDICAL EXAMINERS.

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In issuing instructions to the Medical Examiners the Medical Director does not deem it necessary to do more than direct attention to matters which may be unfamiliar to those who have not had experience in life insurance, for the selection of each Medical Examiner has been a matter of so much care as to make an appointment a personal compliment to the gentleman to whom it has been tendered. With such a body of physicians it is scarcely necessary to call attention to the fact that upon the Medical Examiner's personal integrity, knowledge of medicine, tact, courtesy, and promptness will depend in very large measure the success of the company. It should always be remembered that the examination of an applicant for life insurance requires much more care than that of an ordinary patient, as the former has

every interest, whether consciously or unconsciously, to conceal or gloss over facts that may be detrimental to his health, whilst the latter is actuated by precisely the opposite tendency. The object of the Medical Examiner, too, is quite a different one from that of the physician in ordinary practice, because the former must select a perfectly healthy individual and reach his conclusion in one examination, whilst the latter is only expected to make the most artistic application of medical science to a given individual without any definite determination of the latter's expectation of life. The Medical Examiner, in other words, through his company, assumes the risk of life of the person examined, whilst the practising physician is seldom even called upon to explain this accurately to his patient. The Medical Examiner should also bear in mind that exceeding promptness in the discharge of his duties is much more necessary than it is in ordinary practice, for the mood of the applicant may so vary that an examination appointed for a certain hour may, if not held precisely at that time, be lost forever.

The Medical Examiners are appointed by the Medical Director; and in making these appointments no considerations will have the slightest weight other than competency and professional standing. A fee of \$5.00 will be paid for each examination of an applicant by a Medical Examiner, whether the applicant is accepted or rejected. If the amount of insurance should exceed \$15,000, two Medical Examiners, making separate examinations, must report upon the applicant; and, besides, a specimen of the applicant's urine must be forwarded to the Medical Director, care being taken to forward this urine immediately after being received from the applicant. In order to retard its decomposition, the Medical Examiner is requested to add to each specimen either five grains of salicylic acid to the ounce, or five grains of salicylate of soda, the latter being preferable. The bottle, which should contain at least *three ounces*, should be tightly corked, packed in a card-board or wooden box padded with paper or straw, and upon the bottle should be placed the full name of the applicant and the date and hour of the day when it was passed by

him ; and, as has already been requested, should be addressed to 874 Broadway, New York City, and not merely to New York.

The following table must be taken as the standard of expectation of life. In other words, upon this will be seen the average life that a sound man of a given age will live ; so that a man, say at the age of 40, will have a fair chance of living 28 years longer, or to the age of 68 :

### EXPECTATION OF LIFE.

#### A MAN

20	yrs.	old may be expected to live	41	yrs.	or until	61	yrs.	of age
25	"	"	38	"	"	63	"	
30	"	"	34	"	"	64	"	
35	"	"	31	"	"	66	"	
40	"	"	27	"	"	67	"	
45	"	"	24	"	"	69	"	
50	"	"	20	"	"	70	"	
55	"	"	17	"	"	72	"	
60	"	"	14	"	"	74	"	
65	"	"	11	"	"	76	"	

### FAMILY HISTORY.

It is exceedingly important that the facts with regard to the age at death and the causes thereof should be stated explicitly

in giving the family history of every applicant. Such terms as "nervous prostration," "general debility," "exposure," etc., are absolutely valueless. The examiner should not be satisfied with any such statement from the applicant, but should make inquiry on his own account with regard to these points. This is especially important in all cases where there is a suspicion of any hereditary taint.

It is suggested that a certain routine should be followed in making these examinations, namely :

1. After receiving the applicant's name and address the Medical Examiner should take the pulse for a full minute, determine its frequency and its character in regard to rapidity, regularity, and intermittency. While a sphygmographic examination of the pulse is NOT required, yet if the Medical Examiner is in the habit of using this instrument, it will be welcome. The pulse should again be taken at the close of the whole examination in order to detect any variation that may not at first have been apparent, and especially as some nervous people may mislead the examiner by

their nervousness at the beginning of the interview.

2. The heart should always be examined before the lungs, as the necessary inspiration and expiration of pulmonary auscultation may temporarily alter the cardiac action.

3. In examining the heart and lungs always remove the clothing of males, and do not hesitate to do this with females, unless the pulmonary and cardiac sounds are distinctly audible through a light chemise after the removal of the outer dress and corset.

4. Take the temperature, in every case, in the mouth. The Medical Examiner will, of course, be absolutely certain of the accuracy of his instrument in any case, and especially in one that may give rise to doubt.

In examining women, particular attention should be paid to the breast and abdomen, and no false delicacy should prevent this examination from being thorough.

The following table should be the standard of the relation of weight to height :

## AVERAGE WEIGHT OF A MAN.

5 feet 0 inches in height should weigh 115 pounds.

5	"	1	"	"	"	120	"
5	"	2	"	"	"	125	"
5	"	3	"	"	"	130	"
5	"	4	"	"	"	135	"
5	"	5	"	"	"	140	"
5	"	6	"	"	"	145	"
5	"	7	"	"	"	150	"
5	"	8	"	"	"	155	"
5	"	9	"	"	"	160	"
5	"	10	"	"	"	165	"
5	"	11	"	"	"	170	"
6	"	0	"	"	"	175	"
6	"	1	"	"	"	180	"
6	"	2	"	"	"	185	"
6	"	3	"	"	"	190	"

But as there are no exact facts in regard to this matter of weight, the Medical Director will be greatly aided by precise notes of the Medical Examiner as to the applicant's general appearance, **the tendencies of the family**, his nationality, habits and occupation, the quality of superfluous fat (if it be present), the relation of the girth of the abdomen to the girth of the chest, and the capacity for inspiration and expiration.

The measurement of the chest should always be taken just below the nipples, and

the measurement of the waist just below the umbilicus. In males it will be best to take this measurement without clothing, and in females after the removal of the outer dress and corset.

In taking the chest expansion it is best to give the applicant instructions as to the proper method of *forced* inspiration and expiration. By so doing in all cases, it will be possible to avoid the marked discrepancies which appear in the reports of different examiners.

The following list of diseases is arranged alphabetically for the sake of convenience, but in every case the company reserves the right to accept or reject.

**Albuminuria.** Persistent albuminuria absolutely disqualifies during its continuance, and also for a variable period after its cessation.

*Always at the time of your examination secure a specimen of urine sufficient in quantity to make at least two analyses, and reserve one portion of the well-mixed, unfiltered specimen. Examine when perfectly fresh.*

*If the specific gravity be found at or below 1.012 or at or above 1.030, or if a trace of*

albumen or sugar be present, or if the applicant give a history of any affection of the bladder or kidneys during three years preceding the examination, the reserved portion should be forwarded to the Medical Director at once. Delay and uncertainty in securing a second specimen is thus avoided. In order to retard its decomposition, add to each ounce of urine five grains of the salicylate of soda or five grains of salicylic acid, preferably the former. Not less than two to three ounces of urine should be sent.

When salicylate of soda is added to the specimen, please so state on the label, giving the amount.

The Medical Director requires that at least two tests for albumen shall be made in every instance, and requests that the urine shall be examined by two of the following methods, preference being given to methods 1 and 3.

Filter till perfectly clear through a wet, plaited filter paper, returning the urine to the filter several times if necessary.

(1.) To about one drachm of a ten per cent. solution of potassium ferrocyanide, add dilute acetic acid sufficient to give an

acid reaction. To this add an equal quantity of filtered urine and mix thoroughly. Do not heat. If albumen be present, a precipitate or turbidity is formed in the cold.

(2.) About an inch of the clear urine in a test tube is heated to boiling, after which two or three drops of ten per cent. nitric acid is added. If, after a moment, there is no reaction for albumen, the contents of the tube are again boiled and about ten drops of the nitric acid further added, and the tube set aside. Albumen separates as a precipitate, but in forming a judgment the tube should only be observed when hot, and if the appearance is doubtful, a half inch of alcohol should be added and well mixed.

(3.) About a half inch of pure concentrated nitric acid is placed in a test tube, and an equal or larger amount of the clear urine is allowed to flow gently onto the surface from a pipette, so as to avoid any mixing of the two fluids. Concentrated or dark colored urines are diluted with an equal volume of water before testing. Albumen separates in the contact zone as a well defined white ring either at once, or in the presence of mere traces, within a half

hour. A diffused turbidity extending through the urine does not indicate the presence of albumen.

**Ampputation.** Double amputation of either lower or upper limbs, above either the ankle or wrist, disqualifies. Amputation of a lower extremity above the knee may disqualify. Any other single amputation, however, is not regarded as affecting the expectation of life.

**Apoplexy.** Any distinct history of an apoplectic seizure will disqualify. But care must be taken not to confound vertigo from reflex causes with apoplexy; or, indeed, to mistake apoplexy for vertigo. If there is any doubt in the matter, the company should be given the benefit of this.

**Asthma.** Asthma may or may not disqualify, according to its cause.

**Birth Marks.** Inquire carefully if on any part of the body any birth mark, scar, or other anomaly exists by which the applicant could be identified in case of death by accident.

**Blindness.** Blindness of both eyes disqualifies. Blindness of one eye does not.

**Bronchitis.** Bronchitis of any kind disqualifies whilst it continues; and if it is chronic or recurs frequently, it will disqualify altogether.

**Calculus.** Urinary or biliary calculus disqualifies for a period of five years; and a distinct predisposition to such calculi disqualifies permanently.

**Cancer.** Any history of a cancer in the applicant disqualifies permanently. But a family history of cancer is not of importance unless several cases have occurred in the immediate family, or several in succession in the immediate ancestry. Cancers of the uterus, of the skin, and of the mammae may not disqualify, however, as they are least inheritable.

Always specify where cancer is given as the cause of death in the family history, exactly where the cancer was located, and, if possible, the variety.

**Carbuncle** should suggest invariably a searching inquiry for symptoms of diabetes or disease of the kidneys.

**Caries.** If caries is of any extent, it disqualifies so long as it exists.

**Chancroid.** See Syphilis.

**Chancroid.** Disqualifies for six months after it has first appeared.

**Childbirth** disqualifies for a period of six months thereafter.

**Consolidation of the Lung** disqualifies.

**Consumption.** Any undoubted pulmonary phthisis, even if there has been entire recovery, generally disqualifies. If there has been consumption in the family, this matter should be thoroughly investigated, as it is a subject for the Medical Director alone to pass judgment on. In obtaining information on this point, the Medical Examiner will accurately ascertain the age of any members of the family or ancestry in whom consumption may have developed, the degree of susceptibility of any branch of the family in which a member has been affected, and the relation of this branch to the applicant; the facts as to residence of applicant in personal contact with deceased, or whether there has been any history of direct contagion of consumption in the family, ancestry or applicant, and also whether there has been hæmop-

tysis in the applicant. All applicants, moreover, especially those in whom a phthisical predisposition is suspected or recorded, should be carefully examined as to the condition of the apex of each lung. This is because an impaired respiratory movement is sometimes observed at this point on one or both sides in the earliest stage of pulmonary phthisis. These movements may be studied by standing behind the applicant, the examiner placing both his hands upon the subclavicular region of each side, and noticing whether both rise equally and readily during inspiration. Two other signs should be carefully sought for in suspicious subjects:—First, whether the pulmonary resonance in the supra-clavicular and supra-scapular region has a lower limit on one side than the other, and this, it should be remembered, may be observed in cases where no dullness is audible; second, any dullness or lack of tone on percussion at one apex.

In these suspicious cases, too, the temperature should be carefully taken in the mouth. If the Medical Examiner, notwithstanding the most careful examination, has

any doubt as to the presence or probability of phthisis, he will please obtain some of the sputum that is raised in the morning, care being taken to have the applicant raise this in the presence of the examiner. This should be sent to the Medical Director in a bottle carefully sealed and packed in a cardboard or wooden box padded with cotton or paper, and be careful to direct to 874 Broadway, New York City, and not merely to New York.

**Curvature of the Spine.** Antero-posterior curvature of the spine may disqualify, or limits to endowment. Lateral curvature may be disregarded, unless it is excessive.

✗ **Deafness.** Total or practically total deafness disqualifies, but deafness of one ear is of no moment. ✗ Nevertheless, read carefully *Otorrhœa*.

**Delirium Tremens.** Any history of this form of delirium at any time in the applicant's life may disqualify permanently.

**Emphysema of the Lungs.** This may disqualify permanently, if considerable.

**Epilepsy.** Chronic epilepsy disqualifies permanently, but occasional attacks will be

considered by the Medical Director, although they must be carefully investigated by the examiner.

**Fistula-in-ano** disqualifies whilst it exists and for one year after cure. Interrogation of the applicant as to whether he has ever had pruritis will often lead to a disclosure of fistula.

**Gout.** Chronic gout either disqualifies permanently, or will limit to a short endowment policy, but the Medical Director will judge.

**Hemorrhage.** Hemorrhage from the respiratory tract (unless it is certainly a mere bleeding from the naso-pharyngeal mucous membrane or an epistaxis) will generally disqualify for a minimum term of ten years after occurrence, whilst recurring attacks will disqualify either permanently or for longer periods, but in the latter event the Medical Director will judge. About this matter of hemorrhage, however, a Medical Examiner must be very rigid in his examination, and must be able to state facts and not deductions from assumed facts. And it should be borne in mind that phthisical

subjects are very apt to gloss over this symptom.

**Heart Lesions.** Cardiac enlargement, permanent dilatation, valvular insufficiency, or stenosis, probable fatty degeneration or pericardial adhesion, will disqualify permanently, without exception.

**Heart Murmurs.** All heart murmurs that are abnormal will disqualify whilst they continue, whether they are due to organic disease or are of so-called functional origin. If, however, there is good evidence of their being functional, and they cease under proper treatment, they will be admitted. But in all cases the Medical Director will judge.

**Hemiplegia.** See paralysis.

**Hernia.** Irreducible hernia disqualifies permanently. Reducible hernia on one or both sides may be accepted with a special clause in the policy reading thus: "Provided, always, that death in consequence of not wearing a truss is not assured against."

**Hunchback.** See Curvature of Spine.

**Intemperance.** Any recent habit of intemperance will disqualify. Any past habit

will disqualify for a certain term after discontinuance. Always inquire if the applicant has been intemperate in the past, and if he or she has ever taken any of the so-called "Cures" for intemperance or a drug habit. That the applicant is temperate at the time of examination is not sufficient. Any commonly recurring excess is to be a matter for consideration. In a case of past habit, however, or of commonly recurring excess, the Medical Director will pass judgment finally upon the facts submitted by the Medical Examiner.

**Necrosis.** Any considerable necrosis will disqualify as long as it is uncured.

**Nervous System.** In any case where there is a question of implication of the nervous system, the Medical Examiner will carefully examine as to the muscular strength, the size of the different muscles, the sensations, the presence or absence of tremor, any history of convulsions or loss of consciousness, and the condition of the bladder and rectum. The muscular strength can be determined in the lower limbs by the walk, as well as by testing the strength

of individual muscles; and in the upper extremities by the hand-grasp and testing individual muscles. Muscular atrophy can only be determined by exposing the muscles which are suspected of disease. Tremor can be detected either in the lips, in the tongue, in the facial muscles, or by causing the applicant to extend the hand at right angles from the body. A fair method of testing sensation in the lower extremities will be by means of the so-called Romberg test, namely: causing the patient to stand with heels and toes close together, and then shutting his eyes, when the examiner will observe whether there is any oscillation.

As this test, however, is not decisive, it will be merely reported. The sensation of touch can be tested by ascertaining whether the patient, with the eyes screened, can accurately distinguish between a light touch of a piece of cotton or cloth and the examiner's fingers. Always test the knee jerk under reinforcement, and state whether normal, absent or exaggerated, in answer to the question as to disease of the spinal cord. The condition of the rectum must be ascertained from the applicant, as it is a

subjective symptom. This is also true, to a large extent of the bladder. But the urine should only be voided by the patient at the end of the examination; and if this has lasted for a half hour or upward, the ability to retain the urine for that period is a fair test of the irritability of the bladder. But the examiner should also observe whether the patient voids the urine with ease or with difficulty, as this may throw some light upon the muscular strength of the voiding vesical muscles or upon the question of stricture. Read section on *Syphilis*.

**Occupation.** Occupations that involve special risk from accident will not be taken. In all such cases, however, the Medical Director will judge. Occupations involving the sale of alcoholic beverages of any kind where the business is *strictly* wholesale may be taken. The following risks are not taken :

Army and Naval officers in actual service.

Railroad employees working on trains.

Express messengers on trains.

All officers and employees on any steamer or vessel on sea, lake, river, or sound.

All firemen of the Fire Department.

All persons working in mines, or chemical, white lead, mirror, powder and pyrotechnical factories, mechanical electricians, glass cutters, axe or knife grinders.

All persons employed in the manufacturing, selling, serving or bottling of beer, malt liquors, wines and alcoholic beverages.

All gamblers, pool-sellers and bookmakers.

All persons mentioned in Article III. of Provisions and Requirements of Policies, namely : those who are in military or naval service in time of war.

**X Otorrhœa.** This should be divided into, First : Simple, purulent otorrhœa, which is intermittent and slight. If this is considerable, or if persistent even when slight, it disqualifies. Second : Persistent otorrhœa, greenish or offensive, or occasionally bloody; with discharge of gritty matter or minute fragments of bone, will disqualify while it exists and for one year after it has ceased. Third : Otorrhœa that has caused paralysis, vertigo, persistent deafness, or delirium, will disqualify permanently. *In all cases of otorrhœa, however, the Medical Examiner*

*should carefully investigate*, and the Medical Director will decide. ~~X~~

**Paralysis, Facial.** Facial paralysis, of peripheral origin, so-called Bell's Palsy, will not disqualify; but in any case where it has been caused by ear trouble, evidenced by otorrhœa of one of the three types above, the Medical Director will judge upon the facts submitted by the Medical Examiner.

**Paralysis, Hemiplegia.** Any undoubted hemiplegic paralysis will disqualify permanently.

**Paraplegic** paralysis will disqualify during continuance and for a varying period afterward, according to diagnosis. But in every case the Medical Director will judge.

**Pleurisy**, if recurrent, may disqualify; but the Medical Director will judge. Pleuritic adhesion will disqualify, if they are permanent and considerable.

**Pregnancy** will disqualify during its continuance, and for six months thereafter.

**Prostate.** A confirmed enlargement of this gland will disqualify permanently.

**Pulse.** Chronic rapidity, over 90 beats per minute, or under rapidity, under 50

beats per minute, or systematic irregularity, generally disqualify while they last. Simple intermittence in an individual not past middle life, not excessive, and if peculiar to the person, and not associated with organic disease, will not disqualify.

**Rheumatism.** Acute articular rheumatism will disqualify for one year after beginning of convalescence. Recurring attacks may disqualify permanently. Chronic rheumatism may or may not disqualify.

**Sarcoma.** See Cancer.

**Stone in the Bladder.** See Calculus.

**Stricture of the Urethra,** if organic, generally disqualifies whilst it continues.

**Sugar in the Urine.** If this is associated with the signs of diabetes, it will generally disqualify permanently. If there are no signs of diabetes, although the sugar is fairly abundant, this will disqualify whilst the sugar continues to be so excreted and for a certain time after final disappearance. If only a trace of sugar is found in a urine of normal specific gravity from a seemingly healthy subject, and if a series of proper tests show that it is only present tempor-

arily, especially during digestion of a meal including starch or sugar, the condition will not disqualify. Fehling's test should always be used.

**Sunstroke** will disqualify for a certain time, and this time will vary with the case. Recurring attacks, however, may disqualify permanently.

**Syphilis.** Primary syphilis, with no constitutional symptoms following, will disqualify for *six months* after the initial appearance. Secondary syphilis will generally disqualify during the continuance and for a minimum term of three years after the last symptom of it. Any history whatsoever of tertiary or inherited syphilis will generally disqualify permanently. Any history of headache coming at a certain period of the day or night, with insomnia, especially if the headache and insomnia disappear upon the supervention of paralysis or convulsion, may disqualify permanently; but in every case of syphilis the Medical Director will judge.

**Tape Worm** disqualifies during the existence and for six months after the alleged discharge of the *entire worm*.

**Ulcer.** Any ulcer, unless very small, will disqualify whilst it continues.

**Weight.** See page 11.

**Women.** The Company will only consider applications on the lives of women in case they are above the age of thirty, or married and six months past their first confinement. Should it appear that pregnancy is not likely to occur in a married woman, the reasons for such a belief should be submitted to and accepted by the Medical Department before the medical examination is made.

In examining women for insurance in this Company, it will be necessary that they submit to a thorough investigation by the usual gynecological methods of digital and instrumental examination, provided the previous history of the applicant or any symptomatic conditions observed, point with any suspicion to disease of these organs.

Special care is advisable in examining female applicants at or about the period of the menopause, as mortality statistics show a large death rate at that period among women.

In signing your report at the end, state, in addition to the date of the month, the hour at which the examination was made. It will, very often, be of material assistance in settling points which might otherwise be obscure. As for example, if you find the urine alkaline, and your examination was made soon after a meal, an apparent anomaly is explained. You might, if the examination was made immediately after or before a meal, so state it.

Should the Medical Examiner deem it necessary to see or write to the applicant's medical attendant, he should remember and state to the applicant and the medical attendant that information obtained in this manner will be regarded as confidential.

*It is specially requested of the Medical Examiners that in no case shall they communicate to the agent the nature of their report upon an applicant, whether they have accepted or rejected him or her. It is of very great importance that this rule should be rigidly observed.*

Medical report blanks may be obtained from the agent.

LANDON CARTER GRAY, M. D.,  
Medical Director.

Please be particular to address all communications to 874 Broadway, New York City, and not merely to New York.





